



AdminisTEP Round-Trip Claims

- 38-cent or less average fee to send and receive claims. . .
- Handles paper-based and electronic claims. . .
- Manages payment process, including EFTs. . .
- Real-time claims inventory reporting. . .
- Improves regulatory compliance. . .
- Creates claims data archive!

AdminisTEP's Round-Trip Claims fee structure enables payors to handle the receiving and sending of claim transactions for an average cost of 38 cents or less, compared to the 60 cents to \$1 or more charged by most claims clearinghouses. These low -cost transaction fees are further enhanced by AdminisTEP's unsurpassed claims inventory management and real-time reporting capabilities.

For health plans using AdminisTEP, the Round-Trip Claims fee structure enables providers to submit paper-based or electronic claims directly to AdminisTEP. Alternatively, AdminisTEP can also receive claims from other clearinghouses. For paper-based claims, AdminisTEP's Digital Mailroom Services converts them into electronic formats, and the resulting electronic transactions are sent to payors for auto adjudication. Regardless of the initial inbound format, claims with errors are detected by AdminisTEP's business rules and are automatically routed to the most appropriate person for correction. Following auto adjudication of the claim, AdminisTEP handles payment processes, including electronic funds transfer (EFT).

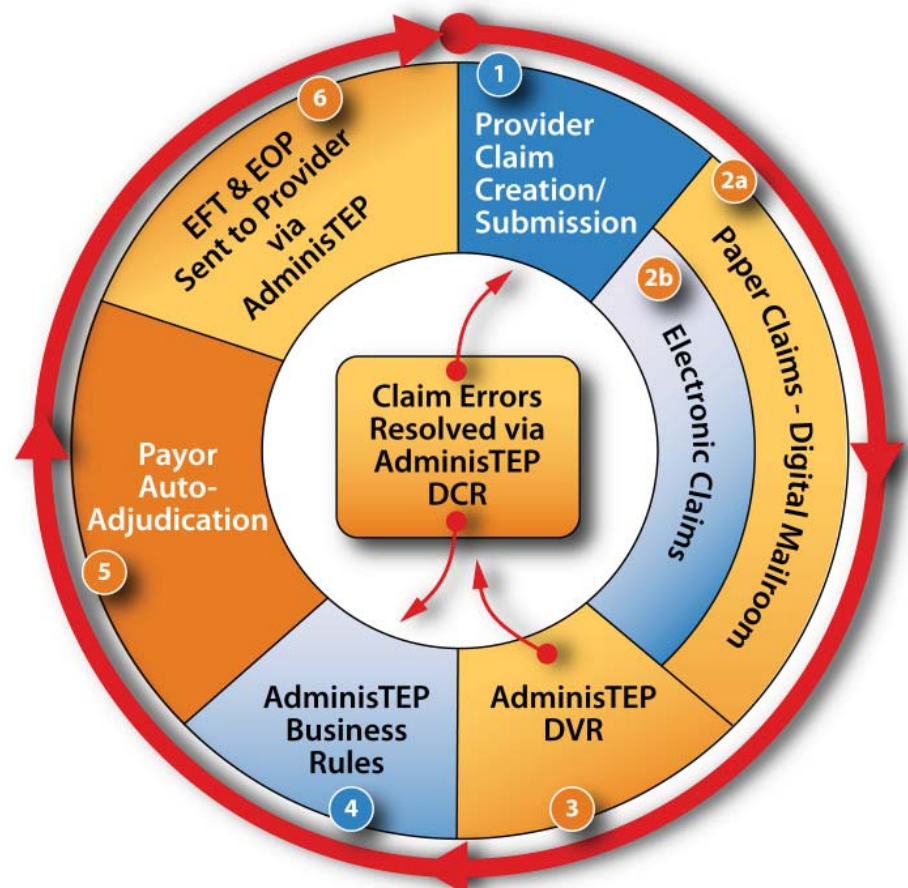
The 38-cent or less Round-Trip Claims fee is an average of the fees incurred, whether the claims are paper-based or electronic. *Electronic claims handled by*

AdminisTEP incur Round-Trip transaction fees that are far less than 38 cents.

Converting paper-based claims into electronic formats costs slightly more than 38 cents. As a result, Round-Trip Claims fees average 38 cents or less – guaranteed by AdminisTEP.

AdminisTEP's Round-Trip Claims solution accommodates the entire claims lifecycle with the following modules:

Provider Submission – Accepts electronic formats via direct connection or from other clearinghouses. Paper-



AdminisTEP's Round-Trip Claims solution accommodates the entire claims lifecycle, from claims creation and submission through provider payment.



based claims are converted into electronic formats via AdminisTEP's Digital Mailroom services.

Digital Mailroom – AdminisTEP enables payors to outsource their costly and labor-intensive handling of paper-based claims, which can be sent directly to AdminisTEP for sorting, preparing, storing, and indexing/validating. Alternatively, payors can send their scanned files (TIFF format) to AdminisTEP. Once received, AdminisTEP's Digital Mailroom uses optical character recognition (OCR) to extract pertinent information and exports it into HIPAA-compliant electronic formats.

Data Verification Review (DVR) – Regardless of the claim submission method (electronic or paper), AdminisTEP's DVR analyzes the data for format and syntax inconsistencies. Errors that are detected are routed to AdminisTEP's Data Correction Review (DCR).

Data Correction Review (DCR) – AdminisTEP's DCR process routes claim errors to the most appropriate person for correction. This may include using AdminisTEP to automatically "batch fix" errors on multiple claims, routing the claim to a DCR technician for review, or sending the claim back to the provider for correction. All of this takes place before the payor's claim adjudication system encounters the transaction.

Correspondence Verification Review (CVR) — Tracking patient and provider communications is easier with AdminisTEP's CVR, which creates a searchable database of all correspondence, such as explanation of benefits (EOBs) and requests for medical records.

AdminisTEP Business Rules – Custom-configured to each payor's needs, AdminisTEP's Business Rules automatically feed into the DCR workflow to efficiently handle transactions and flag pre-determined variables, such as claim dollar value, coding, error types and other variables. These capabilities, also known as Perimeter Processing, allow AdminisTEP to handle critical processing-intensive functions instead of burdening the performance of a payor's claim adjudication system. To expedite set up, payors have the option of using AdminisTEP's Business Rules Templates for frequently requested rules.

Provider Payment – AdminisTEP enables payors to reimburse providers via electronic funds transfer (EFT) to maximize efficiency and reduce operational costs.

Statement Mailing – Explanation of payment (EOP) and statement mailing can be handled by AdminisTEP electronically or via paper-based mailings.

Reporting – In addition to the cost-savings that health plans realize by using the Round-Trip Claims fee structure, real-time reporting capabilities within AdminisTEP allow payors to easily view every step in the claims process, from the number of claims submitted to the number of errors. The real-time visibility helps payors track that they are in compliance with Medicare regulations regarding the timely processing of claims. In addition, the digital format of the claims enables payors to easily create electronic archives of the data.

Make the switch to AdminisTEP's Round-Trip Claims today!



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